

FEC FORM 9**24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR
ELECTIONEERING COMMUNICATIONS****1. Person Making the Disbursements/Obligations**

(a) Name

Carolina Rising, Inc.(b) Address (number and street) ☐ check if different than previously reported
5 West Hargett Street - Ste. 502

(c) City, State and ZIP Code

Raleigh

NC

27601

(d) Name of Employer or Principal Place of Business

(e) Occupation

2. FEC Identification Number**C** C30002273**3. Is This Statement****New**

or

**Amended****4. Covering Period**M M M / D D D / Y Y Y Y Y
09 / 23 / 2014D D D / Y Y Y Y Y
23 / 2014

through

M M M / D D D / Y Y Y Y Y
10 / 05 / 2014D D D / Y Y Y Y Y
05 / 2014**5. (a) Date of Public Distribution(s)**M M M / D D D / Y Y Y Y Y
09 / 23 / 2014D D D / Y Y Y Y Y
23 / 2014Y Y Y Y Y
2014(b) Communication Title Autism Bill**6. The filer is a(n):** (a) ☐ Individual (b) ☐ Unincorporated Organization (c) ☐ Qualified Nonprofit Corporation (11 CFR 114.10)(d) ☒ Corporation, Labor Organization or Qualified Nonprofit Corporation making communications under 11 CFR 114.15(e) ☐ Other, specify: _____**7. If the filer is an individual, unincorporated organization or qualified nonprofit corporation, were the disbursements made exclusively from donations to a segregated bank account?**Yes ☐No ☐**8. Custodian of Records**

(a) Name

Dallas H Woodhouse

(b) Address (number and street)

5 West Hargett Street - Ste. 502

(c) City, State and ZIP Code

Raleigh

NC

27601

(d) Name of Employer or Principal Place of Business

(e) Occupation

9. Total Donations This Statement

, , .00

10. Total Disbursements/Obligations This Statement

, , 1916222.00

Under penalty of perjury, I certify that this statement is true, correct and complete.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

Dallas H Woodhouse

SIGNATURE

Dallas H Woodhouse

[Electronically Filed]

DATE

09/23/2014

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. §437g.

List of Person(s) Sharing/Exercising Control
(use additional pages as necessary)

PAGE 2 OF 3

11. Person(s) Sharing/Exercising Control**A.** (a) Name Transaction ID : F91.000001

Dallas H Woodhouse

(b) Address (number and street) 5 West Hargett Street - Ste. 502

(c) City, State and ZIP Code

Raleigh

NC 27601

(d) Name of Employer or Principal Place of Business

(e) Occupation

Carolina Rising

B. (a) Name

(b) Address (number and street)

(c) City, State and ZIP Code

(d) Name of Employer or Principal Place of Business

(e) Occupation

C. (a) Name

(b) Address (number and street)

(c) City, State and ZIP Code

(d) Name of Employer or Principal Place of Business

(e) Occupation

D. (a) Name

(b) Address (number and street)

(c) City, State and ZIP Code

(d) Name of Employer or Principal Place of Business

(e) Occupation

E. (a) Name

(b) Address (number and street)

(c) City, State and ZIP Code

(d) Name of Employer or Principal Place of Business

(e) Occupation

SCHEDULE 9-B

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Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee Crossroads Media LLC Mailing Address of Payee 66 Canal Center Plaza #555 <hr/> <div style="display: flex; justify-content: space-between;"> <div>City</div> <div>State</div> <div>Zip Code</div> </div> <div style="display: flex; justify-content: space-between;"> <div>Alexandria</div> <div>VA</div> <div>22314</div> </div> <hr/> <div style="display: flex; justify-content: space-between;"> <div>Name of Employer</div> <div>Occupation</div> </div> <hr/> Purpose of Disbursement (Including title(s) of communication(s)) Media production and distribution				Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> <div>MM / DD / YYYY</div> </div> <div style="display: flex; justify-content: space-around;"> <div>09</div> <div>22</div> <div>2014</div> </div> <hr/> Amount <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> <div>Amount</div> </div> <div style="display: flex; justify-content: space-around;"> <div></div> <div>1916222.00</div> </div> <hr/> Communication Date <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> <div>MM / DD / YYYY</div> </div> <div style="display: flex; justify-content: space-around;"> <div>09</div> <div>23</div> <div>2014</div> </div>	
Transaction ID : F93.000001					
Name of Federal Candidate Thom Tillis		Office Sought: <input type="checkbox"/> House State: <u>NC</u> <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President		Disbursement/Obligation For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	
Transaction ID : F94.000002 Name of Federal Candidate		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	
Name of Federal Candidate		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	
B. Full Name (Last, First, Middle Initial) of Payee <hr/> Mailing Address of Payee <hr/> <div style="display: flex; justify-content: space-between;"> <div>City</div> <div>State</div> <div>Zip Code</div> </div> <hr/> <div style="display: flex; justify-content: space-between;"> <div>Name of Employer</div> <div>Occupation</div> </div> <hr/> Purpose of Disbursement (Including title(s) of communication(s))					
Name of Federal Candidate		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	
Name of Federal Candidate		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	
Name of Federal Candidate		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	
SUBTOTAL of Disbursements/Obligations This Page (optional) ▶				<div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> <div></div> <div>1916222.00</div> </div>	
TOTAL This Period (last page this line number only) ▶ (carry total from last page to Line 10)				<div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> <div></div> <div>1916222.00</div> </div>	